EXTENSION	ATTACHED			2>	000	30404114
Foith 990-T		cun	der section 6033(e))		OMB No 1545-0687
	For calendar year 2016 or other tax year begin				_ 	2016
Department of the Treasury	▶ Information about Form 990-T and					Open to Public inspection for
Internal Revenue Service	▶ Do not enter SSN numbers on this form :		Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed	Name of organization (Check b		me changed and see instruction	s) u		yer identification number rees' trust, see instructions)
	THE ABSTRACTION FUN		my toll goad			
B Exempt under section	Print C/O EISNERAMPER LLP				1 20 52	07710
X 501(C)(3()	or	паро	box, see instructions			ted business activity codes
408(e) 220(e	libbe 250 mills similing					tructions)
408A530(a			ZID as former postal code		1	
529(a) C Book value of all assets	City or town, state or province, country	y, ano 2	zip or ibreigh postal code		90009	10
at end of year	NEW YORK, NY 10017				30003	<u> </u>
3 283 030	F Group exemption number (See instruct			\ truck	401(a) t	rust Other trust
	G Check organization type ► X 501 zation's primary unrelated business activity					
	was the corporation a subsidiary in an affil					1 1 1 1
	ame and identifying number of the parent co	-		controlled group?		P 165 100
	e of THE FOUNDATION C/O J			ne number ▶ 2	2-891-	4054
	Trade or Business Income	abrii.	(A) Income	(B) Exper		(C) Net
1a Gross receipts or		<u> </u>	(A) Modifie	(2) 2.20	1000	(5)
b Less returns and allow		1c				
	Ild (Schedule A, line 7)	2		7 7		
-	otract line 2 from line 1c	3		7 8	ν,	
	income (attach Schedule D)	4a	27,456.	72 73		27,456.
	orm 4797, Part II, line 17) (attach Form 4797)	4b	108,080.	7,	**;	108,080.
	uction for trusts	4c		7.	:3	
	partnerships and S corporations (attach statement)	_	14,307.	ATCH *		14,307.
, ,	nedule C)	6				
	nanced income (Schedule E)	7				
	aities, and rents from controlled organizations (Schedule F)	8				
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exemp	activity income (Schedule I)	10				
11 Advertising incor	me (Schedule J)	11				
	ee instructions, attach schedule)	12		, ,		
	ines 3 through 12		149,843.			149,843.
	ns Not Taken Elsewhere (See inst				Except for	or contributions,
deduction	ns must be directly connected with	Refur	related business inco	ome)		·
14 Compensation o	f officers, directors, and trustees (Schedule K) 	16		14	ļ
15 Salaries and wag	es	KIDV	י וארי דיחרי אראיי		15	
16 Repairs and mail	es	ЙÖХ	. (16	
17 Bad debts					17	<u> </u>
18 Interest (attach s	chedule))Gl	DEN::t/f		18	0.554
19 Taxes and license	[≘] S . ,				19_	9,554.
	butions (See instructions for limitation rules)		l l			14,029.
	ach Form 4562)			 		
	n claimed on Schedule A and elsewhere on r		-		22b	
	deferred as a second as also					
	deferred compensation plans					
	t programs					
	xpenses (Schedule I)				- 1	
	p costs (Schedule J)				1	
	s (attach schedule)					23,583.
	a. Add lines 14 through 28					126,260.
	, -					120,200.
	s deduction (limited to the amount on line 3 ess taxable income before specific deduction					126,260.
	on (Generally \$1,000, but see line 33 instruc					1,000.
'	ess taxable income. Subtract line 33 fr					
. Jin die tou busin	Januarie miretine equilate mile de n					i e

OKO

Form	9,90-T (20	THE ABSTRACTION FUND		20-5327	719 Page 2
Par		Tax Computation			
		zations Taxable as Corporations. See instructions for tax computation	Controlled group	1 ,	
	-	rs (sections 1561 and 1563) check here See instructions and			
а		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that order)	*	
	(1) \$	(2) \$ (3) \$		3. A. S.	
b		rganization's share of (1) Additional 5% tax (not more than \$11,750) \$_			
		tional 3% tax (not more than \$100,000)			
С		tax on the amount on line 34		▶ 35c	32,101.
36	Trusts	Taxable at Trust Rates. See instructions for tax computation	Income tax or	n [<u> </u>
	the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1041).		▶ 36	
37	Proxy ta	ax See instructions		1 1	
38	-	ive minimum tax			
39	Tax on	Non-Compliant Facility Income See Instructions		. 39	
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, whichever applies		. 40	32,101.
Par	t IV	Tax and Payments			
41 a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a			
		redits (see instructions)		7	
		business credit Attach Form 3800 (see instructions)		7 .	
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)			
		redits. Add lines 41a through 41d		41e	
42		t line 41e from <u>line 40 </u>			32,101.
43		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866			
44		x. Add lines 42 and 43			32,101.
		its. A 2015 overpayment credited to 2016		-	
		stimated tax payments	20,000	7 1	
		osited with Form 8868	7,500		
		organizations Tax paid or withheld at source (see instructions)		7 1	
		withholding (see instructions)			
_		or small employer health insurance premiums (Attach Form 8941)			
		redits and payments Form 2439			
9	$\overline{}$	orm 4136 Other Total ▶ 45g		-	
46		ayments Add lines 45a through 45g	· · · · · · · · · · · · · · · · · · ·	46	27,500.
47		ed tax penalty (see instructions) Check if Form 2220 is attached		47	498.
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed		- 	5,099.
49		yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			
50		e amount of line 49 you want Credited to 2017 estimated tax	Refunded		
Par		Statements Regarding Certain Activities and Other Information	tion (see instruction		
51		time during the 2016 calendar year, did the organization have an interest	 _		ority Yes No
		financial account (bank, securities, or other) in a foreign country? If YES,			
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter			18 1 %
	here 🕨	· · · · · · · · · · · · · · · · · · ·		J	x x
52	-	the tax year, did the organization receive a distribution from, or was it the grantor of,	or transferor to la for	reign trust?	\overline{x}
-	•	see instructions for other forms the organization may have to file	01 11 011010101 10, 0.101	o.g., 0000	" "
53	_	ne amount of tax-exempt interest received or accrued during the tax year > \$			
	₩r	ter penalties of penjury. I declare that I have examined this return, including accompanying schedules a	and statements, and to the	best of my know	vledge and belief, it is
Sigr	l th/	e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepared	rer has any knowledge		
Her		INA ROSENWALD /(//15/17 PRESIDEN			iscuss this return
1101		ignature of officer Date Title		· · · · · · · · ·	rer shown below
		Print/Type preparer's name Preparer's signature Da	ite -	I I I P	TIN
Paid		1 '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1/1//2017 Che	eck ∟ If	200058583
Prep	arer		3611	f-employed E n's EIN ▶13~1	
	Only				.033020
		Firm's address ► 750 THIRD AVENUE, NEW YORK, NY 10017-2703	Pho	ne no	

Form **990-T** (2016)

Form 990-T (2016)						Page 3	
Schedule A - Cost of Go	ods Sold. En	ter method					
1 Inventory at beginning of year	ear . 1		6 Inventory	at end of yea	Nr	6	
2 Purchases	2		7 Cost of	goods so	d Subtract line	\$	
3 Cost of labor	3		6 from	line 5 En	ter here and in		
4a Additional section 263A co	sts		Part I, line	2		7	
(attach schedule)	4a		8 Do the	rules of	section 263A (v	vith respect to Yes No	
b Other costs (attach schedul	e) . 4b				or acquired for		
5 Total. Add lines 1 through	4b . 5		to the org	anization? .	<u>.</u> <u></u> .	<u> </u>	
5 Total. Add lines 1 through Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Property	Leased V	Vith Real Prope	rty)	
(see instructions)							
1. Description of property							
(1)			<u> </u>				
(2)							
(3)							
(4)							
	2. Rent receiv	ved or accrue	ed				
(a) From personal property (if the p for personal property is more that		percenta	rom real and personal property	exceeds		lirectly connected with the income (a) and 2(b) (attach schedule)	
more than 50%)		50% or	if the rent is based on profit or	income)			
(1)							
(2)							
(3)							
(4)			<u>.</u>				
Total		Total			(b) Total deduction	one	
(c) Total income. Add totals of co		•			Enter here and or		
here and on page 1, Part I, line 6,					Part I, line 6, colu	mn (B) 🕨	
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions)				
4.5			2 Gross income from or	3. [nnected with or allocable to ced property	
1. Description of deb	t-ninanced property		allocable to debt-financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)				(=::=		(20020000000000000000000000000000000000	
(2)							
(3)							
(4)					 - <u>-</u>		
4. Amount of average	5. Average adjus	sted basis					
acquisition debt on or	of or allocal	ble to	6 Column 4 divided		income reportable	8 Allocable deductions (column 6 x total of columns	
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by column 5	(columi	n 2 x column 6)	3(a) and 3(b))	
(1)		, <u> </u>	%				
(2)			%				
(3)			%				
(4)	 		%				
			·	Enter here	and on page 1,	Enter here and on page 1,	
				Part I, lin	e 7, column (A)	Part I, line 7, column (B)	
T-4-1-			_	J			

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	o, royantes			ntrolled Or						
Name of controlled organization	2 Employer identification numb	□	3 Net unrelated income 4 Total of specified included in		of column 4 t d in the contr ition's gross ii	rolling	6 Deductions directly connected with income in column 5			
(1)										
(2)										
3)										
4)						_				
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8 Net unrelated in	come	9	Total of specifi	ed		Part of colum			. Deductions directly nected with income in
7. Taxable mashle	(loss) (see instruc	tions)	p	ayments made	!		nization's gro			column 10
(1)										
(2)									<u> </u>	
3)										
4)										
Totals	ncome of a Sec	tion 501	 (c)(7),	 (9), or (17	▶ ′) Orga	Ent Pa	id columns 5 ter here and o rt I, line 8, col	n page 1, umn (A)	Ent Pa	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income		3. Deduction directly contact (attach sci	nnected			Set-asides h schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)	J									
(4)										
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, o	olumn (A)	hog Th	an Advert		ĺ,	(accumate	victions)		Enter here and on page Part I, line 9, column (B
Scriedule I - Exploited Exe	2 Gross	3 Exper	nses	4 Net incor	ne (loss)			uctions)		7. Excess exempt
1 Description of exploited activity	unrelated business income from trade or business	direct connecte producti unrela business i	d with on of ted	or business 2 minus co If a gain, c cols 5 thr	(column lumn 3) ompute	from is n	ross income activity that ot unrelated ness income	6 Exp attribut colur	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)	 - 					 		+		
(2)	 							+		
	 			 		 		+		
(3)	 - 			 		⊢—		+		
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising In	Como (soc instri	uctions)		~*****		<u> </u>	<u> </u>	- T	<u> </u>	
			`oncol	idated De	eie	_				
Part I Income From Per	logicals Report	ed on a C	onsol	idated Ba	SIS					
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4 Adver gain or (los 2 minus c a gain, co cols 5 thn	ss) (col ol 3) If mpute	5.	Circulation income	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				×				1		*
(2)	 				*			 		
(3)	†			100	. 🔻			+		
(4)	 				l Is	 		+		
.7)	 			3/40- 1	, <u>W. M.</u>			+		* # Xiv 100
Totals (carry to Part II, line (5))										Form 990-T (201

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3)						
Totals from Part I ▶ Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see Instructions)

| 3 Percent of 4 Compensation attributable to unrelated business 2 Title time devoted to 1 Name business (1) % (2) ATCH 3 (3) % % (4) Total. Enter here and on page 1, Part II, line 14.

Form **990-T** (2016)

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,

Department of the Treasury Internal Revenue Service

1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

2016

OMB No 1545-0123

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs gov/form1120. Employer identification number Name THE ABSTRACTION FUND

20-5327719 C/O EISNERAMPER LLP, ATTN: JOEL ZBAR Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (a) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 27,456. 27,456. 108,080. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 135,536. 15 Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 135,536. 17 17 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If 135,536. Note: If losses exceed gains, see Capital losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

Form 4626

Department of the Treasury Internal Revenue Service

Alternative Minimum Tax—Corporations

► Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

2016

Name		•	cation number
THE		5327719	
	Note: See the instructions to find out if the corporation is a small corporation exempt from alternative minimum tax (AMT) under section 55(e)	the	
1	Taxable income or (loss) before net operating loss deduction	. 1	126,260
2	Adjustments and preferences:		
а	Depreciation of post-1986 property	. 2a	(89)
b	Amortization of certified pollution control facilities	2b	ļ
C	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	ļ
е	Adjusted gain or loss	2e	
f	Long-term contracts	. 2f	
9	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
J	Passive activities (closely held corporations and personal service corporations only) .	2j	
k	Loss limitations	2k 2l	
ا 	Depletion	2m	
m	Tax-exempt interest income from specified private activity bonds Intangible drilling costs	2n	
n o	Other adjustments and preferences	20	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o .	3	126,171
•	The dajastinent alternative minimum taxable insome (tiving some insome	1 * 13	120/112
4	Adjusted current earnings (ACE) adjustment:		
а	ACE from line 10 of the ACE worksheet in the instructions		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a		-
_	negative amount. See instructions	,171	
С		,628	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior		
_	year ACE adjustments over its total reductions in AMTI from prior year ACE		
	adjustments. See instructions. Note: You must enter an amount on line 4d		
	(even if line 4b is positive)		
е	ACE adjustment		_
	If line 4b is zero or more, enter the amount from line 4c	4e	0
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5	Combine lines 3 and 4e If zero or less, stop here; the corporation does not owe any AMT .	5	126,171
6	Alternative tax net operating loss deduction. See instructions	. 6	
7	Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a resignative at REMIO and instructions.	dual _	100 171
•	Interest in a REMIC, see instructions		126,171
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
а	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0 8a		
b	Multiply line 8a by 25% (0.25)	0 4	
С	Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a controlled gro		
	see instructions) If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0	9	126,171
10	Multiply line 9 by 20% (0.20)	10	25,234
11	Alternative minimum tax foreign tax credit (AMTFTC) See instructions	. 11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	25,234
13	Regular tax liability before applying all credits except the foreign tax credit	13	32,101
14	Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0 Enter here and		_
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	. 14	0
For P	aperwork Reduction Act Notice, see separate instructions.		Form 4626 (2016)

20-5327719

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

THRU PARTNERSHIPS

14,307.

INCOME (LOSS) FROM PARTNERSHIPS

14,307.

ATTACHMENT	2	

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

Ο.
•
4.
) 응
29.
0.
29.
)

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